

RCE#
ZIN

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL FORM (37 C.F.R. § 1.114)

DOCKET NO. 1662/55602	APPLICATION SERIAL NO. 10/045,970	EXAMINER Laura Stockton	ART UNIT 1626
INVENTOR: LIDOR-HADAS, et al.			
<p>Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>SIR:</p> <p>This is a Request for Continued Examination under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. <u>10/045,970</u>, filed on <u>January 11, 2002</u>, entitled <u>A Novel Process For Preparing Pure Ondansetron Hydrochloride Dihydrate</u></p> <p>The following constitute the submission required by 37 C.F.R. § 1.114(a) and is attached:</p> <p><input checked="" type="checkbox"/> Amendment</p> <p><input checked="" type="checkbox"/> Information Disclosure Statement and Form PTO-1449</p> <p><input type="checkbox"/> Drawing Changes</p> <p><input checked="" type="checkbox"/> Other Submission: <u>Declaration under 37 C.F.R. §1.132 with Exhibits A and B</u></p>			

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA*	RATE (\$) PER CLAIM	FEE (\$)
BASIC FEE						790.00
TOTAL CLAIMS	18	20	50	0	50.00	0.00
INDEPENDENT CLAIMS	9	3	6	0	200.00	0.00
MULTIPLE DEPENDENT CLAIM					390.00	390.00
				*Number extra must be zero or larger	TOTAL	1,180.00
If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here.						SMALL ENTITY
						TOTAL

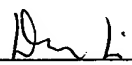
02/18/2005 SZWDYIE1 00000118 110600 10045970

01 FC:1801 790.00 DA
02 FC:1203 360.00 DA

2. Please charge the required RCE and submission filing fee of **\$1,180.00** to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
3. Applicants respectfully request a **five-month** extension of time in which to respond to the Notice of Appeal filed July 23, 2004 for which a response period expiring on September 23, 2004 was set. The extended period expires on February 23, 2005. The Commissioner is hereby authorized to charge payment of the 37 C.F.R. § 1.136(a) extension fee of **\$2,160.00** to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
4. The Commissioner is hereby authorized to charge payment of the fees, including any additional fees required, associated with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
5. A duplicate copy of this transmittal form is enclosed.

Dated: 2-17-05

By: Respectfully submitted,



Dana Ziker (Reg. No. 54,567)
KENYON & KENYON
1500 K Street, N.W., Suite 700
Washington, D.C. 20005-1257
(202) 220-4200 (telephone)
(202) 220-4201 (facsimile)
CUSTOMER NO. 26646



Docket No. 1662/55602

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor : LIDOR-HADAS et al.
Application No. : 10/045,970
Filed : January 11, 2002
For : A NOVEL PROCESS FOR PREPARING PURE
ONDANSETRON HYDROCHLORIDE DIHYDRATE
Examiner : Laura Stockton
Art Unit : 1626

Mail Stop Patent Applications
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CONTINUING EXAMINATION
UNDER 37 C.F.R. § 1.114

Dear Sir:

This amendment is responsive to the Final Office Action dated January 23, 2004, in the above-identified application. Please amend the application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 6 of this paper.

The Commissioner is hereby authorized to charge payment of the 37 C.F.R. § 1.17(e) RCE fee, and any additional fees that may be required, or credit any overpayment to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.